EXHIBIT B

DOH-1961 (8/2011)

RECORDED DISTRICT: 3300
REGISTER NUMBER: 4752

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

131-2018-00088591
STATE FILE NUMBER

RESIDENCE

1. NAME: FIRST MIDDLE LAST: Everette C. Armstrong Jr.

2. SEX: MALE ☒ 1 FEMALE ☐ 2

3A. DATE OF DEATH: MONTH 12 DAY 03 YEAR 2018

3B. HOUR: 12:34 PM

NCHS

4A. PLACE OF DEATH: (Check one) HOSPITAL DOA ER ☐ HOSPITAL OUTPATIENT ☐ HOSPITAL INPATIENT ☒ NURSING HOME ☐ PRIVATE RESIDENCE ☐ HOSPICE FACILITY ☐ OTHER (Specify) ☐

4B. IF FACILITY, DATE ADMITTED: MONTH 11 DAY 23 YEAR 2018

4C

4C. NAME OF FACILITY: (If not facility, give address) University Hospital SUNY Health Science Center

4D. LOCALITY: (Check one and specify) CITY ☐ VILLAGE ☐ TOWN ☐ Syracuse

4E. COUNTY OF DEATH: Onondaga

4G

4F. MEDICAL RECORD NO.: 1220634

4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO ☐ YES ☒ Va Medical Center -- Syracuse, Syracuse, Onondaga, New York

5. DATE OF BIRTH: MONTH [redacted] DAY [redacted] YEAR 1946

6A. AGE IN YEARS: 71 yrs.

6B. IF UNDER 1 YEAR ENTER: months days

6C. IF UNDER 1 DAY ENTER: hours minutes

7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Rome, New York

7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

DECEDENT

7A

8. SERVED IN U.S. ARMED FORCES? (Specify years) NO ☐ 0 YES ☒ 1: 1965-1976

7B

9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino.
A ☒ No, not Spanish/Hispanic/Latino B ☐ Yes, Mexican, Mexican American, Chicano C ☐ Yes, Puerto Rican D ☐ Yes, Cuban E ☐ Yes, Other Spanish/Hispanic/Latino (Specify)

10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be:
A ☒ White/Caucasian B ☐ Black or African American C ☐ Asian Indian D ☐ Chinese E ☐ Filipino F ☐ Japanese G ☐ Korean H ☐ Vietnamese J ☐ Native Hawaiian K ☐ Guamanian or Chamorro M ☐ Samoan N ☐ American Indian or Alaska Native (specify) P ☐ Other Asian (specify) R ☐ Other Pacific Islander (specify) S ☐ Other (specify)

11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death.
1 ☐ ≤ 8th grade 2 ☐ 9th-12th grade; no diploma 3 ☐ High school graduate or GED 4 ☒ Some college credit, but no degree 5 ☐ Associate's degree 6 ☐ Bachelor's degree 7 ☐ Master's degree 8 ☐ Doctorate/Professional degree

12. SOCIAL SECURITY NUMBER: [redacted]-8530

13. MARITAL STATUS: NEVER MARRIED ☐ 1 MARRIED ☒ 2 WIDOWED ☐ 3 DIVORCED ☐ 4 SEPARATED ☐ 5

14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated. Rachael House

15A

15A. USUAL OCCUPATION: (Do not enter retired) Mechanic

15B. KIND OF BUSINESS OR INDUSTRY: Postal Service

15C. NAME AND LOCALITY OF COMPANY OR FIRM: U.S. Post Office, Syracuse, NY

SI

16A. RESIDENCE: (State or Country if not USA) NY

16B. County or Region/Province if not USA: Madison

16C. LOCALITY: (Check one and specify) CITY ☐ VILLAGE ☐ TOWN ☐ Morrisville Village

16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? ☐ YES ☐ NO IF NO, SPECIFY TOWN:

25

16D. STREET AND NUMBER OF RESIDENCE: 125 E Main Street

16E. ZIP CODE: 13408

39

17. BIRTH NAME OF FATHER / PARENT: FIRST MI LAST: Everette C. Armstrong Sr.

18. BIRTH NAME OF MOTHER / PARENT: FIRST MI LAST: Elizabeth Slocum

31

19A. NAME OF INFORMANT: Rachael Armstrong

19B. MAILING ADDRESS: (Include zip code) [redacted]

DISPOSITION

31B

20A. 1 ☒ BURIAL 2 ☐ CREMATION 3 ☐ REMOVAL 4 ☐ HOLD 5 ☐ DONATION 6 ☐ ENTOMBMENT — REMOVAL MONTH 12 DAY 10 YEAR 2018

20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Evergreen Cemetery

20C. LOCATION: (City or town and state) Lee, New York

QR

21A. NAME AND ADDRESS OF FUNERAL HOME: Burgess & Tedesco Funeral Homes Inc, 31 Cedar St, Morrisville, NY 13408

21B. REGISTRATION NUMBER: 00245

22A. NAME OF FUNERAL DIRECTOR: William P Jessop

22B. SIGNATURE OF FUNERAL DIRECTOR: William P Jessop Electronically Signed

22C. REGISTRATION NUMBER: 11744

QS

23A. SIGNATURE OF REGISTRAR: Indu Gupta Electronically Signed

23B. DATE FILED: MONTH 12 DAY 04 YEAR 2018

24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Diana Kissel

24B. DATE ISSUED: MONTH 12 DAY 04 YEAR 2018

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

QCOD

CERTIFIER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: Ryan Walczak, MD
License No.:
Signature: Ryan Walczak, MD Electronically Signed
Month 12 Day 03 Year 2018

CANCER

Certifier's Title: 0 ☐ Attending Physician 0 ☒ Physician acting on behalf of Attending Physician 1 ☐ Coroner 2 ☐ Medical Examiner / Deputy Medical Examiner
Address: 750 E Adams St, Syracuse, NY 13210

25B. If coroner is not a physician, enter Coroner's Physician's name & title:
License No.:
Signature:
Month Day Year

25C. If certifier is not attending physician, enter Attending Physician's name & title: Michael Galgano, MD
License No.: 294452
Address: 750 E Adams Street, Syracuse, NY 13210

26A. Attending physician attended deceased: FROM Month 11 Day 23 Year 2018 TO Month 12 Day 03 Year 2018

26B. Deceased last seen alive by attending physician: Month 12 Day 03 Year 2018

26C. Pronounced Dead ON Month 12 Day 03 Year 2018 AT Time 12:34 PM

27. MANNER OF DEATH: NATURAL CAUSE ☒ 1 ACCIDENT ☐ 2 HOMICIDE ☐ 3 SUICIDE ☐ 4 UNDETERMINED CIRCUMSTANCES ☐ 5 PENDING INVESTIGATION ☐ 6

28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 ☒ NO 1 ☐ YES

29A. AUTOPSY? NO ☐ 0 YES ☐ 1 REFUSED ☒ 2

29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 ☐ NO 1 ☐ YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE:
(A) Hypoxic respiratory failure — minutes

DUE TO OR AS A CONSEQUENCE OF:
(B) 1-renal cell carcinoma 2-malignant 3-renal cell 4-metastatic 5-kidney, lung, bone — months

DUE TO OR AS A CONSEQUENCE OF:
(C) <<<>>> — <<<>>>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): <<<>>>

DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ☒ NO 1 ☐ YES 2 ☐ PROBABLY 3 ☐ UNKNOWN

DATE OF DEATH: AM/PM

31A. IF INJURY, DATE: MONTH DAY YEAR — HOUR:
31B. INJURY LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:
31D. PLACE OF INJURY:
31E. INJURY AT WORK? NO ☐ 0 YES ☐ 1

NAME OF DECEDENT:

TIME OF DEATH:

31F. IF TRANSPORTATION INJURY, SPECIFY: 1 ☐ Driver/Operator 2 ☐ Passenger 3 ☐ Pedestrian 4 ☐ OTHER (specify)

32. WAS DECEDENT HOSPITALIZED IN THE LAST 2 MONTHS? YES ☐ 1 NO ☒ 0

33A. IF FEMALE: 1 ☐ Pregnant at time of death 2 ☐ Not pregnant, but pregnant within 42 days of death 3 ☐ Not pregnant, but pregnant 43 days to 1 year before death 4 ☐ Unknown if pregnant within past year

33B. DATE OF DELIVERY: MONTH DAY YEAR

For use by physician or institution:

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY OF A RECORD ON FILE IN THE OFFICE OF VITAL STATISTICS, ONONDAGA COUNTY HEALTH DEPARTMENT SYRACUSE, N.Y. DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE ONONDAGA COUNTY HEALTH DEPARTMENT IS AFFIXED THEREON

DEC 11 2018

DATE OF ISSUANCE

Commissioner of Health

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- Blue background highlights erasure alterations
- Watermark on back can be seen when sheet is held on an angle
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- Microtext border contains the DocuGard name and is difficult to copy
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